

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **JA111252**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION		
NAME (LAST - FIRST - M.I.) GLIM, BRIAN A		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR		
STAR NO. 15597	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 6659 S CLAREMONT AVE		
DATE OF APPOINTMENT 27-MAR-2006	EMPLOYEE NO. [REDACTED]	CITY [REDACTED]	STATE (If outside Chicago)	
UNIT OF ASSIGNMENT 008	BEAT/CALL NO. 0863A	LOCATION CODE 304-STREET	BEAT OF OCCURRENCE 0832	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 10-JAN-2017	TIME 21:49:00
HEIGHT 601	WEIGHT 175			DAY OF WEEK TUESDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED				
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <u>2</u> PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER		
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER				
TYPE OF ACTIVITY				
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input checked="" type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> B. SEMI-AUTOMATIC _____ <input checked="" type="checkbox"/> E. FEET <input type="checkbox"/> C. RIFLE _____ <input checked="" type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> D. SHOTGUN _____ <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> E. OTHER (SPECIFY) _____		
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____		<input type="checkbox"/> 8. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT		
OFFENDER INFORMATION				
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB 15-APR-1989		
CB NO. 19421060	IR NO.			
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN				
NO. OF OFFENDERS PRESENT? <u>1</u>				
TYPE OF INJURY TO OFFICER				
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		WEATHER CONDITIONS <input type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input checked="" type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND		
APPROXIMATE OUTDOOR TEMPERATURE: <u>29 °F</u>				
LIGHTING CONDITIONS AT INCIDENT				
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> <input type="checkbox"/> 2. GOOD				

R/O OBSERVED MULTIPLE OFFICERS ONSCENE STRUGGLING TO GET ABOVE SUBJECT UNDER CONTROL AND HANDCUFFED TO EFFECT AN ARREST. ABOVE SUBJECT WAS KICKING AND SHOVING R/O AND OFFICERS ONSCENE AWAY FROM HIM. R/O DISCHARGED HIS TASER. TASER PROBES WERE INEFFECTIVE, R/O THEN ATTEMPTED TO DRIVE STUN SUBJECT MULTIPLE TIMES UNTIL SUBJECT BECAME COMPLIANT AND R/O'S HAD SUBJECT CUFFED AND UNDER CONTROL.

REPORTING MEMBER - SIGNATURE
GLIM, BRIAN A

STAR NO.
15597

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
MACIEJEWSKI JR, JOHN A
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